
D.E. Kines was the founding chair and served as leader of the CWA Retired Members Council (RMC). Elaine Huff was the President of the Chattanooga RMC and served as Secretary of the CWA RMC District 3.

1. Eligibility
   A. Retired member or spouse of CWA District 3 Retired Members Council
   B. Active member or spouse of CWA District 3
   C. Son, daughter, dependent, or grandchild of a member or deceased member of CWA District 3 Retired Members Council
   D. Must be new or returning undergraduate student of an accredited college or university

2. Three scholarships will be awarded in a random drawing
   (One in the amount of $1,000.00 and two in the amount of $500)

3. Applications must be returned by July 19th, 2019

4. Applicants must complete 2019 D.E. Kines/Elaine Huff Scholarship Application

5. Incomplete, inaccurate or late applications will not be considered

The judges for the scholarship:

Rita Scott, President, CWA District 3 Retired Members Council
Richard Honeycutt, Vice President, CWA District 3

Decision of the judges is final.

Mail or fax applications to: D.E. Kines/Elaine Huff Scholarship
Attention: Billy O’Dell, Administrative Director
Communications Workers of America
3516 Covington Highway
Decatur, Georgia 30032
Fax (404) 299-6165
2019 D.E. Kines/Elaine Huff Scholarship – Application

Applicant information: (Please Print)

Name ________________________________________________________________

Address________________________________________________________________________

City ____________________State ______________Zip __ _____________________

Home Phone____________________ Cell Number__________________________________

Email ___________________________ Social Security Number____________________

Higher education institution attending this fall:

Name _____________________________________________________________________

Address_____________________________________________________________________

City _____________________ State _____________ Zip _______________________

Major Course of Study _______________________________________________________

Scholarship Applicant is: (check one)

_______ Member or Spouse of CWA District 3 Retired Members Council

_______ Son, daughter, grandchild or dependent of a member or deceased member of CWA

District 3 Retired Members Council

_______ Active CWA District 3 Member or Spouse    CWA Local Number _____________

_________________________________Name of CWA Member to whom applicant is related

_________________________________ Contact information & Local number of member to

whom applicant is related

I certify that all information on this application is correct

_________________________________ Signature                                                   Date

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